

**LEGISLATIVE SERVICES AGENCY
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS**

301 State House
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FISCAL IMPACT STATEMENT

LS 6547

BILL NUMBER: SB 128

DATE PREPARED: Dec 8, 1998

BILL AMENDED:

SUBJECT: Mandatory HIV testing of pregnant women and newborns.

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FUNDS AFFECTED: X GENERAL
DEDICATED
X FEDERAL

IMPACT: State

Summary of Legislation: This bill requires that each pregnant woman be tested for the antibody or antigen to the Human Immunodeficiency Virus (HIV) during pregnancy. The bill requires a physician who diagnoses a woman's pregnancy to take a sample of blood at the time of diagnosis and submit each sample to an approved laboratory for a standard serological test for HIV. It requires a person other than a licensed physician who attends a pregnant woman, but who is not permitted by law to take blood specimens, to cause a sample of the pregnant woman's blood to be taken by a licensed physician, who must then submit the sample to an approved laboratory for an HIV test.

This bill requires that a blood sample for an HIV test be taken from a woman at the time of delivery if there is no written evidence that the woman was tested for HIV during her pregnancy. The bill requires that a blood sample be taken from a newborn infant for HIV testing if the newborn infant's mother has not been tested for HIV. It requires that information pertaining to the woman's HIV testing status be included on each birth certificate or stillbirth certificate.

This bill requires that a pregnant woman be told of all available treatment options if the pregnant woman has a positive HIV test. The bill requires the individual who orders an HIV test to tell the pregnant woman that the purpose of the test is to protect the health of her unborn child. It repeals a law pertaining to voluntary HIV testing for pregnant women. It requires the State Department of Health to develop and distribute written materials explaining treatment options for individuals who have a positive test for HIV.

Effective Date: July 1, 1999.

Explanation of State Expenditures: This bill requires each pregnant woman be tested for HIV during pregnancy. The bill requires the newborn to be tested if the mother of the newborn has not been tested at the time of birth. There would be a fiscal impact to the state for those women and newborns who are Medicaid eligible. The state share of Medicaid is 38.69%. It is assumed that the cost of the test is \$12.50 and the state

share of the cost would be \$4.84. It is estimated that in 1996, there were 35,000 pregnant women who were Medicaid eligible. If these 35,000 Medicaid eligible pregnant women or the newborns are tested the state share of the cost of testing is estimated to be \$169,400 (35,000 x \$4.84).

If an individual tests positive on the initial test, the test will have to be administered a second time. It is estimated that 37 babies were born with HIV in 1996 in Indiana. Using the percentage of Medicaid babies to total babies born, it is estimated that 16 Medicaid eligible pregnant women or newborns could need to be tested a second time. The cost of the second test to the State would be \$77 (16 x \$4.84). If the test is positive a second time, the Western Blot test is used to determine HIV positive status. The cost of the Western Blot test is estimated to be \$123.07 with the state share being approximately \$48. The cost to the state to test 16 the estimated HIV positive pregnant women or newborns is estimated to be \$768 (\$48 x 16). The total estimated state share of testing Medicaid eligible pregnant women or the newborn babies would be approximately \$170,245.

Recent medical research has determined that administering the drug zidovudine (ZDV, formerly known as AZT) during pregnancy and childbirth could reduce by two-thirds the chance that an HIV positive mother would give birth to an infected child. If the HIV positive Medicaid eligible women are treated during pregnancy there could a reduction in the number of Medicaid eligible babies with HIV.

The bill requires the State Department of Health to develop written materials that explain the treatment options available to an individual who has tested positive for HIV. The written materials are required to be distributed to physicians statewide. The cost of developing and distributing these materials can be absorbed within the existing budget.

Explanation of State Revenues:

Explanation of Local Expenditures:

Explanation of Local Revenues:

State Agencies Affected: Family and Social Services Administration, State Department of Health.

Local Agencies Affected:

Information Sources: State Department of Health, Institute of Medicine's report on Prenatal Testing for HIV.